

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>18108</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>LINO</b> <b>J</b> <b>RODRIGUEZ</b> P.O. Box, Bldg., Room No., if any Street <b>512 W. ADAMS</b> City <b>PHOENIX</b> State <b>Arizona</b> ZIP Code + 4 <b>85003-1609</b>	4. Name, file number, and address of labor organization. Name <b>LABORERS LOCAL UNION #383</b> Labor Organization File Number <b>030-387</b> P.O. Box, Building and Room Number, if any Street <b>512 W ADAMS</b> City <b>PHOENIX</b> State <b>Arizona</b> ZIP Code + 4 <b>85003-1609</b>
5. Position in labor organization. <b>RECORDING-SECRETARY</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount          

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Lino J. Rodriguez*

On

**Aug 10, 05**

Date

**602-258-6521**

Telephone Number

Name of Person Filing LINO RODRIGUEZ ~	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name LABORERS HEALTH&amp;WELFARE OF NORTH AMERICA</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street 905 16TH STREET NW</p> <p>City WASHINGTON</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name NEW MEXICO WEST TEXAS MULTI-CRAFT</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: P O BOX 11399</p> <p>Street 1200 SAN PEDRO NE</p> <p>City ALBUQUERQUE</p> <p>State New Mexico ZIP Code + 4 87192-0399</p>	<p>11.a. Nature of such dealing.</p> <p>BOARD MEETING DISCUSSION REGARDING LABORERS LOCAL #383 MEMBERSHIP TRANSFER</p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>DINNER 03/01/2004 ----- \$67.00</p> <p>12.b. Amount. \$67</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p> </p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p> </p>

Name of Person Filing <b>LINO RODRIGUEZ</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>OHIO VALLEY&amp;SOUTHERN STATES L.E.C.E.T.</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <b>25 CENTURY BLVD. SUITE 305</b></p> <p>City <b>NASHVILLE</b></p> <p>State <b>Tennessee</b> ZIP Code + 4 <b>37214</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p><b>SOUTHWEST DISTRICT COUNCIL &amp; LECET RECEPTION MEAL</b> <b>\$45.95</b></p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>12.b. Amount. <input type="text"/> <b>\$46</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing <b>LINO RODRIGUEZ</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <input style="width: 80%;" type="text" value="NEW MEXICO WEST TEXAS MULTI-CRAFT"/>  Trade Name, if any: <input style="width: 80%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text" value="P O BOX 11399"/>  Street <input style="width: 80%;" type="text" value="1200 SAN PEDRO NE"/>  City <input style="width: 80%;" type="text" value="ALBUQUERQUE"/>  State <input style="width: 20%;" type="text" value="New Mexico"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="87192-0399"/>	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <input style="width: 80%;" type="text"/>  Trade Name, if any: <input style="width: 80%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/>  Street <input style="width: 80%;" type="text"/>  City <input style="width: 80%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	<b>11.a. Nature of such dealing.</b> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	<b>11.b. Approximate dollar value of such dealing.</b> <input style="width: 100px;" type="text"/>
	<b>12.a. Nature of interest held or income received.</b> REIMBURSEMENT FOR EXPENSES FOR EDUCATIONAL CONFERENCE SPONSORED BY THE INTERNATIONAL FOUNDATION OF EMPLOYES BENEFIT PLAN NEW ORLEANS, LA HOTEL-----\$196.80 MEALS-----\$ 89.93 GAS-----\$128.83
	<b>12.b. Amount.</b> <input style="width: 100px;" type="text" value="\$416"/>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <input style="width: 80%;" type="text"/>  Trade Name, if any: <input style="width: 80%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/>  Street <input style="width: 80%;" type="text"/>  City <input style="width: 80%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <input style="width: 100px;" type="text"/>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name SOUTHWEST SERVICE ADMINISTRATION INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 250

Street 2400 W DUNLAP AVENUE

City PHOENIX

State Arizona ZIP Code + 4 85021-2811

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ARIZONA LABORERS TEAMSTERS&amp;CEMENT MASONS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 250

Street 2400 W DUNLAP AVENUE

City PHOENIX

State Arizona ZIP Code + 4 58021-2811

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

RIVER BOAT DINNER MR. RODRIGUEZ	12/3/04	\$63.53
RIVER BOAT DINNER MR. RODRIGUEZ	12/3/04	\$63.53
CHRISTMAS GIFT CERTIFICATE		\$35.09

## 12.b. Amount.

\$416

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.b. Amount of payment.

Name of Person Filing <b>LINO RODRIGUEZ</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>SOUTHWEST SERVICE ADMINISTRATION INC.</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>SUITE 250</b></p> <p>Street <b>2400 W DUNLAP AVENUE</b></p> <p>City <b>PHOENIX</b></p> <p>State <b>Arizona</b> ZIP Code + 4 <b>85021-2811</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>										
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px;"> <p>REINBURSEMENT OF EXPENSES FOR EDUCATIONAL CONFERENCE              SPONSORED BY THE INTERNATIONAL FOUNDATION OF              EMPLOYEES BENEFIT PLAN. NEW ORLEANS, LA</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>AIR FAIR</td> <td style="text-align: right;">\$ 229.40</td> </tr> <tr> <td>HOTEL</td> <td style="text-align: right;">\$1072.85</td> </tr> <tr> <td>MEALS/MISC.</td> <td style="text-align: right;">\$ 240.83</td> </tr> <tr> <td>REGISTRATION</td> <td style="text-align: right;">\$ 915.00</td> </tr> <tr> <td>PARKING</td> <td style="text-align: right;">\$ 30.00</td> </tr> </table> </div> <p>12.b. Amount. <span style="float: right; border: 1px solid black; padding: 2px 10px;"><b>\$2,488</b></span></p>	AIR FAIR	\$ 229.40	HOTEL	\$1072.85	MEALS/MISC.	\$ 240.83	REGISTRATION	\$ 915.00	PARKING	\$ 30.00
AIR FAIR	\$ 229.40										
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<p><b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <span style="float: right; border: 1px solid black; padding: 2px 20px;"></span></p>

**C**onstruction  
**P**roduction  
**M**aintenance  
**L**aborers' **U**nion AFL-CIO

Local Union No. 383



LIUNA

AFL-CIO

Chartered April 4, 1927

Raymond S. Montoya, Business Manager / Secretary-Treasurer

August 10, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington, DC 20210

**Re: Form LM-30 Filing for Lino J. Rodriguez, Laborers Local Union #383**

Dear Sir or Madam:

Enclosed is my Laborer Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

  
Lino J. Rodriguez  
Recording-Secretary